(By) DEPUTY CLERK

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Service of the European and complain		DATE		
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Chéak one box below le indicate ap	propriete method of	Service		
O Served personally upon the C	defendant. Place who	ere served:		
O Les supies thereof at the per- discretion then residing there	in.		abode with a per	son of suitable age an
Asme of person with whom t		o provid	0 115M	285
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contained in the Return of Service Ob-12-08	ce and Statement of S	Service Fees is true	IDJIM "	
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Document 4

Case 1:08-cv-00026
U.S. Department of Justice
United States Marshals Service See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF O	COURT CASE NUM	BER
PERENDANT PRINCIPAR	CV-08-	-0026
DEFENDANT	TYPE OF PROCESS	
Hong Kong IWestment, TWIAN Dy	NASTY CIVIL -	Summons
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SE		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Coo	e)	rian Dynasty Hotel
AT SAN Jose, P.O. BOX 468 TI	nian mp 9693	52
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BEI	OW: Number of process to be	
	l served with this Form - 285	01
2/F HIN LAW OFFICE BILLY Susupe, Suipan MP 96950	Number of parties to be served in this case	01
1 Susma Suignal MP arca	- Jacked in this case	W1
	Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPE	DITING SERVICE (Include Business and	Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service): Fold		District Court Fold
		1 2 0000
	•	JUN 12 2006
	For The	Northern Mariana Islands
	Ву	(Deputy Clerk)
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE
DEFE		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-	- DO NOT WRITE BELO	DW THIS LINE
	f Authorized JSMS Deputy or Clerk	Date
number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) of Origin No. 005 No. 005	A	06-12-08
I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square on the individual, company, corporation, etc., at the address shown above or on the individual,		
I hereby certify and return that I am unable to locate the individual, company, corpor		
Name and title of individual served (if not shown above)		suitable age and dis-
		residing in the defendant's
Address (complete only if different than shown above)	Date of Service	Time am
		pm
	Signature of U.S	Marshal or Deputy
		CiDien + 3016
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Dep	osits Amount owed to U.S. Marshal or	Amount of Refund
N/A (including endeavors) N/A 0 0	8	
REMARKS: Order to proceed wishou	+ preparmient	
REMARKS: Order to proceed wishout of fees. Mr Woodruff times and failed to co. And failed to Arrange for usus to Serve	Contacted Ser	reral
times and failed to Co.	nplete usm 285	5
And failed to Arrange	travel Arrange	ements
for usms to serve	•	